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7590 03/23/2005

Christopher W. Kennerly
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2001 Ross Avenue
Dallas, TX 75201-2980

06/20/2005 FFAHAI A3 00000039 500777 09858269

01 FC:1501 1400.00 DA
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BRIAN E. HARRIS

(Depositor's name)

Brian E. Harris

(Signature)

14 JUNE 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09858269	05/15/2001	Manoel Tenorio	020431.0842	2683

TITLE OF INVENTION: FACILITATING ELECTRONIC COMMERCE TRANSACTIONS USING BUYER PROFILES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/23/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
RAYYAN, SUSAN F	2167		707-007000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JAMES E. WALTON

2 BRIAN E. HARRIS

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

i2 TECHNOLOGIES US, INC.

DALLAS, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 10

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- A check in the amount of the fee(s) is enclosed.
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- The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500777 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Brian E. Harris*

Date 6/14/2005

Typed or printed name BRIAN E. HARRIS

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